

IN THE
SUPREME COURT OF THE UNITED STATES

David McGowan,	:	
	:	
Petitioner,	:	
	:	
vs.	:	Case No. _____
	:	
Commonwealth of Pennsylvania,	:	
	:	
Respondent.	:	

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

TO THE HONOURABLE JUSTICE(S) OF SAID COURT:

I, David McGowan, petitioner in above-captioned matter prays for leave to file the attached petition for writ of certiorari without pre-payment of costs and to proceed in forma pauperis; and represents:

1. I am the Petitioner in these proceedings.
2. I currently reside at the State Correctional Institution at Dallas 1000 Follies Road, Dallas, PA. 18612.
3. I have, bonae fidei, listed my sources and amounts of income, etc., truly and correctly within the affixed affidavit/declaration in support of this motion.
4. I neither own, nor, have equities in any substantial assets.
5. I am unable to pay costs, fees or post bond or other security for costs.
6. I believe, bonae fidei, that the Supreme Court of Pennsylvania grant me leave to proceed in forma pauperis relating hereto as despite said court not serving me with an order thereto

said court likewise sent me no bill relating to appeal therein.

WHEREFORE, Petitioner prays for leave to proceed in forma pauperis.

Respectfully submitted;

12 MAY 2018
(File/Mail Date)

/s/ David McGowan
David McGowan; AM-4580
c/o temporary mailing location
c/o U.S.P.O. Postmaster 18612
c/o 1000 Follies Road
Dallas, Pennsylvania

IN THE
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David McGowan,	:	
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vs.	:	Case No. _____
	:	
Commonwealth of Pennsylvania,	:	
	:	
Respondent.	:	

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621).

Signed: David McGowan

Instructions

Complete all questions in this application and then sign it. Do not leave and blanks: if the answer to a question is "0", "none", or "not applicable (N/A)", write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 12 MAY 2018

My issues on appeal are: ILLEGAL SENTENCE IMPOSED UNDER A LAW
RULED UNCONSTITUTIONAL PRIOR TO SENTENCING AND STATE SUPREME
COURT'S UNEXPLAINED DENIAL OF AVENUE FOR RELIEF

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before and deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Self-employment	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Interest and dividends	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Gifts	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Alimony	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Child support	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Other (specify): <u>INMATE STIPEND</u>	\$ <u>50.00</u>	\$ <u>NA</u>	\$ <u>50.00</u>	\$ <u>NA</u>
Total monthly income:	\$ <u>50.00</u>	\$ <u>NA</u>	\$ <u>50.00</u>	\$ <u>NA</u>

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions).

Employer	Address	Dates of employment	Gross monthly pay
<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions).

Employer	Address	Dates of employment	Gross monthly pay
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

4. How much cash do you and your spouse have? \$ 0

Below, state any money you and your spouse have in bank accounts or in any other financial institutions.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>NONE</u>	<u>NONE</u>	<u>\$ 0</u>	<u>\$ NA</u>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institution officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home Value \$ <u>0</u>	Other real estate Value \$ <u>0</u>	Motor vehicle #1 Value \$ <u>0</u>
<u>NONE</u>	<u>NONE</u>	Make & Year: <u>NONE</u>
<u>NONE</u>	<u>NONE</u>	Model: <u>NONE</u>
<u>NONE</u>	<u>NONE</u>	Registration #: <u>NONE</u>
Motor vehicle #2 Value \$ <u>0</u>	Other assets Value \$ <u>0</u>	Other assets Value \$ <u>0</u>
Make & year: <u>NONE</u>	<u>NONE</u>	<u>NONE</u>
Model: <u>NONE</u>	<u>NONE</u>	<u>NONE</u>
Registration #: <u>NONE</u>	<u>NONE</u>	<u>NONE</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>

7. State the persons who rely on you or your spouse for support.

Name [or if under 18, initials only]	Relationship	Age
<u>NONE</u>	<u>NA</u>	<u>NA</u>
<u>NONE</u>	<u>NA</u>	<u>NA</u>
<u>NONE</u>	<u>NA</u>	<u>NA</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>NA</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating, fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>NA</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>NA</u>
Food	\$ <u>0</u>	\$ <u>NA</u>
Clothing	\$ <u>0</u>	\$ <u>NA</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>NA</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>NA</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u>NA</u>
Homeowner's or renter's:	\$ <u>0</u>	\$ <u>NA</u>
Life:	\$ <u>0</u>	\$ <u>NA</u>
Health:	\$ <u>0</u>	\$ <u>NA</u>
Motor Vehicle:	\$ <u>0</u>	\$ <u>NA</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)(specify):		
<u>NONE</u>	\$ <u>0</u>	\$ <u>NA</u>
Installment payments	\$ <u>0</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>NA</u>
Credit card (name): <u>NONE</u>	\$ <u>0</u>	\$ <u>NA</u>
Department store (name): <u>NONE</u>	\$ <u>0</u>	\$ <u>NA</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>NA</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>NA</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>NA</u>
Other (specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>NA</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>NA</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent or will you be spending any money for expenses or attorney fees in connection with this lawsuit?
☒ Yes ☐ No If yes, how much? \$? - copies, mailing costs

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. INMATE STIPEND OF \$50.00 / MONTH

MUST COVER HYGIENE PRODUCTS, COPY COSTS, POSTAGE, AND POSSIBLY MEDICAL CO-PAY IF NEEDED, ALSO PAPER - ENVELOPES - TYPEWRITER RIBBONS

12. State the city and state of your legal residence.

DALLAS

PENNSYLVANIA

Your daytime phone number: () NA

Your age: 61+ Your years in schooling: 12 + SOME COLLEGE

Last four digits of your social-security number: NA